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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY	DOCKET NO.	CONFIRMATION NO.	
10/692,781	10/27/2003		Yong Gyu Kim 8733.075.23-US			75.23-US	1022	
APPLN, TYPE	SMALL ENTITY	TING LIQUID CRYSTA	L DISPLAY MODULE AT	PREV. PAID ISSUE		TAL FEE(S) DUE	DATE DUE	
nonprovisional	NO NO	\$1400	\$300	\$0		\$1700	02/15/2007	
EXAM		ART UNIT	CLASS-SUBCLASS	•	2007 KAHWED2 00000162 1		592761	
DUONG, HUNG V 2835			361-681000	01 FC:1501			1480.00 OP	
CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-(Number is required.	lication (or "Fee Address 22 or more recent) attack	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)						
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a. Applicant claim	itus (from status indicate is SMALL ENTITY stated Publication Fee (if rea	us. See 37 CFR 1.27.	b. Applicant is no long	ger claiming SMAL	L ENTITY	status. See 37 CF	FR 1.27(g)(2).	
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Effective on		Complete if Known			
Fee pursuant to the Consolidated Ap		Application Number	10/692,781		
FEE TRAN	SWILLAL	Filing Date	October 27, 2003		
FOR FY	/ 2005	First Named Inventor	KIM, Yong Gyu		
FOR F	1 2005	Examiner Name	DUONG, Hung V.		
☐ Applicant claims small entity	status. See 37 CFR 1.27	Art Unit	2835		
TOTAL AMOUNT OF PAYMENT	(\$) 1,700.00	Attorney Docket No.	8733.075.23		
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FEE CALCULATION			-					
1. BASIC FILING, SEARC	FILING	FEES Small Entity	SEARCH	Small Entity	EXAMINAT	ION FEES		
Application Type	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	Ĩ	Fees Paid (\$)
Utility	300	150	500	250	200	100	-	
Design	200	100	100	50	130	65	-	
Plant	200	100	300	150	160	80	-	
Reissue	300	150	500	250	600	300	-	
Provisional	200	100	0	0	0	0	_	
2. EXCESS CLAIM FEES Fee Description							Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for R Each independent claim over Multiple dependent claims	er 3 or, for Re	h claim over 20 issues, each ind	and more thar dependent cla	n in the original pa im more than in th	atent ne original pate	nt	50 200 360	25 100 • 180
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> <u>Multiple Dependent Claims</u> 20 or HP = x = Fee (\$) Fee Paid (\$)					•			
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3. APPLICATION SIZE FE If the specification and draw 50 sheets or fraction th Total Sheets Extr	vings exceed nereof. See 3 ra Sheets	5 U.S.C. 41 (a) Number of eac	(1)(G) and 37 ch additional 50	CFR 1.16(s). For fraction thereo	f Fee(\$)		ntity) for ea	
S. OTHER FEE(S) Other: Issue/Pu\blication Fee								

SUBMITTED BY	Y	. 7		
Signature	(X)	cal Mun	Registration No. 40,106 (Attorney/Agent)	Telephone 202-496-7500
Name (Print/Type)	Eric J. Nuss			Date 12 February 2007

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